



CLEVELAND LMC

Cleveland Local Medical Committee

Chairman: Dr J-A Birch
Vice Chairman: Dr R McMahon
Secretary: Dr J T Canning
Chief Executive: Ms J Foster
Office Administrator: Mrs J Jameson

First Floor
Yarm Medical Centre
Worsall Road
Yarm
Stockton-on-Tees
TS15 9DD

LMC office email: jackie.jameson@nhs.net
Web: www.clevelandlmc.org.uk

Tel: 01642 745811
Fax: 01642 745812

Brief note of the Meeting of Cleveland Local Medical Committee Ltd commencing at 7.00 p.m. on Tuesday, 9 May 2017 in South Tees CCG, North Ormesby Health Village, First Floor, 14 Trinity Mews, North Ormesby, Middlesbrough, TS3 6AL

Present:

Dr W J Beeby	Dr T Bielby	Dr J A Birch
Dr J Canning	Dr K Chandrasekaran	Dr G Chawla
Dr V Dharani	Dr S M Ellahi	Dr K Ellenger
Dr J Grainger	Dr M Hulyer	Dr R McMahon
Dr N Miller	Dr T Nadah	Dr B Posmyk
Dr S Selvan	Dr P Singh	Dr M Speight
Dr A Terli	Dr J Walker	Dr S Zaman

In attendance: Ms J Foster – Chief Executive
Mrs J Jameson – Office Administrator

The Chairman thanked Dr J Walker for hosting the board meeting in the ST CCG Board Room.

10/05/1 APOLOGIES

Apologies had been **RECEIVED** from Dr E Mansoor, Dr R Craven, Dr J Berry, Dr T Braun, Dr S Gandhi and Dr S Garud.

NOTED.

10/05/2 NOTES OF THE MEETING HELD ON 28 February 2017

AGREED:

- correct record and duly signed

10/05/3 MATTERS ARISING FROM THE NOTES OF THE PREVIOUS MEETINGS

- No matters arising

NOTED.

10/05/4 PRACTICE MANAGER REPRESENTATIVE

- Recognised Mrs V Counter has resigned as a CLMC Board Member following retirement from her Practice Manager role
- Mrs Counter's contribution was acknowledged, appreciated and thanked

Vacancy for HaST CCG Practice Manager representative

ACTION:

- CLMC office to request HaST Practice Managers to nominate new practice manager representative
- Board members to encourage or recommend perspective representatives

10/05/5 PRACTICE SUSTAINABILITY

- Brief update on the guidance and regulations for collaboratively managing patient care to assist in managing capacity and aid sustainability
- The contractor of any GMS or PMS practice can deputise for clinical work (i.e. provide direct patient care) at the request of another contractor (i.e. another practice) if the work is carried out by that contractor personally, (i.e. by the contract holder (partner GP) and not an employee of the contract holder (salaried, nurse etc)) where both practices are within the same practice area. The deputising contractor should ensure appropriate patient records/ paperwork is completed and transferred to the registered practice as it would for urgent care
- Benefit for joint working, struggling practices and administrative mergers as enables additional patient and practice choice more readily – patients can go to the GP rather than the GP to the patient.
- Brief update on changes to the Trust national standard contract in reflection of GMS negotiations to facilitate unnecessary work being transferred from Trusts to GP (e.g. re-referral request following DNA)
- Recognition of local contract overrides national contract and lack of understanding within general practice as to permitted pathways to challenge or respond appropriately to Trust requests/transfers of work
- Recognition of time and workload in finding the correct pathway and challenging trust requests can often be greater than dealing with the request; clarity on what is and is not permitted to get the correct work in the correct place is better for all
- CCGs clarified work continues with Trusts to minimise inappropriate transfers of work to general practice and ensure pathways are identified and utilised
- Further discussion on how CLMC can support/assist with regard to sustainability of practices across Tees. Various ideas raised for exploration including; pharmacist in and sharing practices, possible help with premises/space barriers and upskilling of practice staff to alleviate some GP workload

ACTION:

- Both CCGs to provide a list of current permitted pathways and commonly raised queries to facilitate general practice managing workload from Trusts and ensuring work and requests are correctly directed or appropriately challenged
- CCG permitted/not permitted clarification list to be added to the CLMC website, together with the national letters of workload management and links to supporting information for practices to form an easy Trust/General Practice pathway portal page

10/05/6 STP ALLIANCE

- Mr Alan Foster unable to attend meeting as previously planned due to the snap general election and purdah.
- CLMC proposed an LMC STP Alliance of the 3 local LMCs within the STP boundary – County Durham and Darlington LMC, Cleveland LMC and YORLMC – with the aim to provide a united, consistent voice for general practice and constituents and ensure comprehensive coordinated general practice representation in STP related meetings/correspondence
- Dr R McMahan is the clinical lead for STP related work with Ms J Foster leading management and both deputising as appropriate. CLMC office will form the central contact and administrative support for the alliance

ACTION:

- CLMC to arrange Mr Foster's attendance at a future board meeting once purdah is lifted

AGREED:

- Progress with LMC STP Alliance (CDD LMC agreed, awaiting YOR LMC confirmation)

10/05/7 GENERAL PRACTICE FORWARD VIEW AND COMMISSIONING UPDATE

- Feedback from GPFV Conference, London
- Two standout presentations for further exploration were e-consultation (on line consultations) and Ask My GP
- HaST CCG highlighted 17 HaST practices are using the e-consultation on a year pilot scheme

AGREED:

- HaST CCG to feedback outcome of pilot to the board

10/05/8 LMC CONFERENCE 2017**10/05/8.1 Motions submitted to Conference (appendix 1)**

The CLMC Executives suggested a small amendment to Motion 5

- 5 *That conference, regarding medical indemnity for GPs;*
- (i) *welcomes the contribution towards rising costs recently negotiated in England.*
 - (ii) *believes that the contractual uplift to some practices in England has been insufficient to cover the actual rise in indemnity costs.*
 - (iii) *believes that direct reimbursement of direct costs would be preferable to reimbursement via some practices based on list size.*

- (iv) insists on the negotiation of full reimbursement of all indemnity costs.
- (v) demands that any future reimbursement schemes are extended to include all 4 nations, and non-GMS general practice work.

AGREED:

- Motion amendment

**10/05/8.2 Agenda for Conference (Circulated)
NOTED**

10/05/8.3 CLMC MOTION TO LMC CONFERENCE SHARED FOR ARM SUBMISSION

CLMC MOTION TO LMC CONFERENCE SHARED FOR ARM SUBMISSION

We are writing to inform you that the Joint Agenda Committee of the Annual Representative Meeting (ARM) decided that the motion below, submitted for the LMC conference agenda, should be transferred to the agenda of the ARM.

Motion by CLEVELAND: That conference instructs the Remunerations Committee of the BMA to consult with the Sessional GP subcommittee to agree a reimbursement policy for BMA work that is fair and equitable to locum GPs.

The ARM agenda will be published on 26 May. You will be invited to attend the ARM by Council Secretariat if your motion is chosen for debate by the ARM Agenda Committee. Please note that if your motion is grouped with others on a similar topic, but is not the main "starred" motion in the section then it is unlikely that you will be called on to speak to it.

The ARM agenda will be published here on 26 May: www.bma.org.uk/arm

NOTED.

04/05/9 REPORTS FROM REPRESENTATIVES

No reports received

NOTED.

10/05/10 MEETINGS ATTENDED BY LMC SENIOR OFFICERS (since LMC Board Meeting on 28 February 2017)

01.03.17	LMC/HaST CCG meeting @ HaST CCG – Janice Foster / Julie Birch
02.03.17	Asylum seeker specification meeting @ HaST CCG – Janice Foster
06.03.17	GMC update with Rachel Woodall @ LMC Office – Janice Foster / Rachel McMahan
06.03.17	Resilience Project meeting @ - Rachel McMahan
07.03.17	GP Transformation Champions @ London – Janice Foster
08.03.17	LMC/HaST CCG meeting @ HaST CCG – Janice Foster / Julie Birch
09.03.17	Primary Care meeting with Andrew McMinn@ ST CCG – Janice Foster

09.03.17	TMGG Meeting @ HaST CCG – Julie Birch
14.03.17	NHS HaST CCG Primary Care Commissioning In-Committee @ HaST CCG – Janice Foster
15.03.17	LMC involvement at ST CCG Leadership Group @ ST CCG – Janice Foster
15.03.17	Extra-ordinary Primary Care Commissioning Committee @ ST CCG - Janice Foster
17.03.17	ST CCG CEPN @ ST CCG – Janice Foster
20.03.17	HaST PETS meeting with Laura Bruton @ LMC Office – Janice Foster
21.03.17	Training & development for LMC non clinical employees @ YOR LMC – Janice Foster / Jackie Jameson
22.03.17	Resilience funding bid review @ ST CCG – Julie Birch
24.03.17	Overseas Visitors - known resident, Michelle Ferguson @ LMC Office – Janice Foster
28.03.17	ST CCG Primary Care Commissioning Committee @ ST CCG – Janice Foster
28.03.17	ST CCG Primary Care Commissioning In-Committee @ ST CCG – Janice Foster
29.03.17	ST Public Health meeting with Victoria Ononeze @ LMC Office – Janice Foster
30.03.17	Primary Care meeting with Sue Greaves @ HaST CCG – Janice Foster
04.04.17	International GP Recruitment Project with NHSE @ ST CCG – Janice Foster / Jackie Jameson
04.04.17	LMC/South Tees CCG meeting @ ST CCG – Janice Foster / Julie Birch
04.04.17	BMA North East Regional Council @ Washington – Julie Birch
05.04.17	HaST CCG A & E Delivery Board @ UHNT – Janice Foster
05.04.17	NECR LMC @ Washington – Janice Foster / Julie Birch
12.04.17	Practice meeting @ Middlesbrough – Janice Foster
19.04.17	SRG meeting @ ST CCG – Julie Birch
24.04.17	LMC STP Alliance meeting @ Barnard Castle Surgery – Janice Foster
25.04.17	ST CCG Primary Care Commissioning Committee @ ST CCG – Janice Foster
25.04.17	ST CCG Primary Care Commissioning In-Committee @ ST CCG – Janice Foster
25.04.17	HaST RIVIE @ HaST CCG – Janice Foster
27.04.17	Primary Care meeting with Sue Greaves @ HaST CCG – Janice Foster
03.05.17	HaST CCG A&E Delivery Board @ UHNT – Janice Foster
04.05.17	CLMC Executive meeting @ LMC Office – Janice Foster / John Canning / Julie Birch / Rachel McMahon / Jackie Jameson
09.05.17	Practice meeting @ Redcar – Janice Foster/ John Canning/ Rachel McMahon

NOTED.

10/05/11 ANY OTHER NOTIFIED BUSINESS

10/05/11.1 PCSE Claims Guidance

- CLMC circulated guidance which may be helpful in making claims to PCSE or raising a claim in the Small Claims Court

NOTED.

10/5/12R RECEIVE ITEMS

10/05/12.1R Medical List

No updates have been received

10/05/12.2 Report the receipt of:

GPC News 5 – 17 March 2017 available on www.bma.org.uk

Briefing from Hartlepool and Stockton on Tees CCG regarding the provision of GP services at Stockton Health Centre.

Stakeholder Briefing - Stockton NHS Healthcare Centre (Tithebarn), March 2017

Stockton NHS Health Centre (Tithebarn) is a GP practice in Stockton which delivers essential, additional and enhanced services to a registered list of 2,085 patients (as of 01 January 2017) from Tithebarn House in the Hardwick area of Stockton on Tees.

The contract was originally commissioned under the Equitable Access to Primary Medical Care Scheme; the contract commenced on 1 April 2009 and had an original end date of 31 March 2014 but has been extended on a number of occasions in order to undertake engagement with patients and stakeholders regarding the future of the service.

The current provider also delivers services to unregistered patients for urgent care. However, the urgent care element of the service is due to move to the new integrated urgent care centres at University Hospital of North Tees and University Hospital of Hartlepool from 1st April 2017.

The engagement activity referred to in this briefing is solely in relation to the registered element of the contract. The APMS contract is currently commissioned by NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group (CCG). The registered patients at this practice currently have 'extended' access to services between 8 am and 8 pm, seven days a week as a result of the co-location of the urgent care service.

Between 18 July and 24 August 2016, NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group and NHS England, supported by NHS North of England Commissioning Support (NECS), conducted engagement work with local stakeholders and patients at the practice with the objective of informing them that from 1 April 2017:-

- *Services for registered and walk-in patients would be separated*
- *That services to registered patients would be retained in the Hardwick area via a branch surgery of an existing GP practice*
- *That the opening hours of the surgery would be 8.00am – 6.30pm Monday to Friday*

The CCG then invited local practices to apply to provide the branch surgery, with opening hours between 8am and 6.30pm, Monday to Friday. Unfortunately no applications were received.

The CCG has therefore extended the existing contract for a further three months, with Elm Tree GP practice providing GP services from Stockton NHS Healthcare Centre on a temporary basis from 1st April 2017 until 30th June 2017.

The final option to maintain GP services at Stockton NHS Healthcare Centre beyond June 2017 is to secure a provider to run a part-time branch service. The temporary extension of the contract

will allow time for further engagement with patients to gain their views on the times and days that a part-time branch service would best meet their needs.

A letter and survey will be sent to all patients aged 16 and over who are registered at Stockton NHS Healthcare Centre (Tithebarn). The letter will inform patients of the current position and the survey will give them the opportunity to say what days and times they would most value access to a part-time branch service.

A following link will be provided for those patients who wish to complete the survey online www.surveymonkey.co.uk/r/stocktontithebarn2017 and it will be made available in other formats and languages on request.

There will also be 2 patient information sessions that will allow patients to discuss the future of the practice in more detail and ask any questions they may have.

Patient information sessions will take place as follows:

Date and Time

*Thursday 06 April 2017
5.30pm to 7pm.*

Venue

*Hardwick Community Centre
Whessoe Road
Hardwick
Stockton-on-Tees
TS19 8LB*

Letter to stakeholders from NHS Hartlepool and Stockton-on-Tees Clinical Commissioning Group. This is in relation to Fens Medical Practice, Wynyard Road Primary Care Centre and Hartfields Medical Practice.

Private & Confidential

Dear Stakeholder

You may recall that we wrote to you in November 2016 to advise you of the outcome of an eight-week consultation exercise in which we sought your views on future commissioning options for Primary Care Services currently provided at Fens Medical Practice, Wynyard Road Primary Care Centre and Hartfields Medical Practice.

We confirmed that following full consideration of the options and the outcome of the consultation, it was agreed to procure one APMS contract which would be delivered from the following two sites:

- Wynyard Road Primary Care Centre, Wynyard Road, Hartlepool, TS25 3DQ*
- Hartfields Medical Practice, Hartfields Manor, Hartlepool, TS26 0US*

We advised you at the time that the new service would commence on 1 April 2017, and reassured you that the decision was in no way a reflection on the quality of services delivered from the three current practices.

Due to circumstances beyond our control there has been a delay in the start of the new service which is now expected to commence on 1 July 2017.

Patients of the three practices will be informed of the revised date and reassured that they do not need to take any action, as services will continue to be provided during the interim period and all patients will be registered with the new practice from 1st July 2017. It is recognised, however, that some patients may take the opportunity to exercise their choice to register with an alternative practice.

We will contact you again in the near future to confirm who the new provider of services will be. In the meantime, we would like to reiterate that patients will be able to continue to access the service as usual and they will not need to register with another practice.

If you have any questions or concerns about these changes please contact Jennifer Long on 0113 8247220 or alternatively jenniferlong@nhs.net.

Yours sincerely

Ali Wilson

Chief Officer

The Cameron Fund Newsletter

Our Newsletter for LMCs – Spring 2017

In January, NHS England launched the GP Health Service, its focus to provide free, confidential specialist mental health support to GPs suffering burnout and stress, or more complex mental health conditions.

GPs and GP Trainees – registered on the Performer's List or looking to return to work after a period of mental ill-health – can self-refer through a regional network of clinicians and therapists across England.

This service will provide them with psychotherapy assessment, treatment and rehabilitation.

The Fund was invited to speak at a GP Health Service event, the UK Physician Health Summit 2017, held on 29 March. The conference aimed to give Medical and Clinical Directors an increased understanding of the issues facing doctors who are unwell, the best strategies to support them and minimise ill health in the medical workforce. Chief Executive David Harris referred to the Cameron Fund's case book, which showed that in 37% of applications to the Fund there is a GP or another individual suffering mental ill-health. When retired GPs, GP dependents and widows and widowers were taken out of the equation, 22% of the cases involved a working-age GP. Whatever an individual's circumstances are, mental illness can cause financial hardship and this hardship will only lead to further stress and anxiety.

Income v. Expenditure last 3 years

The Fund's report and accounts for the year ending 31 December 2016 have now been prepared ahead of the Fund's AGM on 18 May at the LMC Conference 2017 in Edinburgh.

This graph highlights a substantial deficit of income over expenditure of nearly £50,000 – following an increase in the amount of grants and loans authorised by the Trustees. However, another large drop in donations causes us much concern. We are committed to a fundraising drive in 2017 and hope all LMCs will continue to support the Fund in its vital work. Donations Investments Grants Loans

Marked improvements for GP Returners – but some being let down by needless delays

While supporting numerous GPs through their return to practice, we have actively highlighted the problems GP Returners are experiencing, including delays in receiving the GP Induction & Returner Scheme bursary and having to use a commercial medical indemnity provider at significant cost following their rejection by the mutual insurers.

In November, improvements were made to the I&R Scheme. These included increasing a monthly bursary to up to £3,500 and a top-up of £1,250 to assist with the cost of indemnity insurance. Each GP Returner now has access to a dedicated Account Manager to guide them through the process. Further changes this month will address how the process could be made simpler and quicker. Recently we became aware of a few beneficiaries who are experiencing serious delays to the clearing system (run by Capita), with their application to go back on the Performer's List, which is impacting on their starting the Scheme.

We are very aware of how stressful it is for a GP to return to work after a long break out of general practice, and how long it can take until they are able to reach an even keel financially. Whether it was a planned career break, serious illness or suspension, those joining the I&R Scheme have not worked as a GP for at least two years. For an individual returning after illness full-time work would not be an option.

The scheme needs to be as supportive, straightforward and inexpensive, to encourage and support GPs to rejoin the workforce. To find out more go to: <http://www.gpreturner.nhs.uk/>

We require some information

To assist in our discussions with the NHS and the MDDUS – concerning returning GPs being refused medical indemnity insurance by the mutuals – we would appreciate your assistance. Could you let us know the number of GP Returners in your LMC area who have had difficulty in obtaining insurance cover with the MPS, the MDU or the MDDUS. Please email david@cameronfund.org.uk

Our figures for 2016 show that 38% of our applicants were working age women

This year is the 100th Anniversary of the Medical Women's Federation. When the Cameron Fund was originally set up in 1970 a lot of applicants would be elderly widows of male doctors, but nowadays, with the GP Register comprising of 51.9% female GPs and 48.1% male our case file reflects these figures. Often having their own issues and concerns which impact upon their financial position, they may have been the breadwinner of the family, they may be a single mother who can only work limited sessions around childcare or caring for a relative, or perhaps the dependents of a male GP who is unable to support his children at present. Recently published analysis by the House of Commons Library shows that 86% of the burden of austerity since 2010 has fallen on women.*

**current GMC statistics covering the period of 2007 to 2016
With support from NHS England, the Cameron Fund – together with BMA Charities, the Royal Medical Benevolent Fund, the Royal Medical Foundation and the Society for the Assistance of Medical Families – have worked together to launch a Joint Medical Charities Portal, which will act as a single access point for doctors searching online for financial help, as well as a useful sign-posting tool for LMCs and other organisations who may be trying to help a doctor access confidential support.
Please go to: <https://www.doctorshelp.org.uk/>*

There being no further business to discuss, the meeting closed at 8.45 p.m.

13.5R Date and time of next meeting

Tuesday 4 July 2017: 7.00 p.m. South Tees CCG, North Ormesby Health Village, First Floor, 14 Trinity Mews, North Ormesby, Middlesbrough, TS3 6AL.

Date:

Chairman:

APPENDIX 1

MOTIONS SUBMITTED TO CONFERENCE

1. That conference demands a change in the regulations such that over the counter medicines used for minor illnesses;
 - (i) will not normally be prescribed by GPs.
 - (ii) can be issued by community pharmacists without charge to those patients eligible for free NHS prescriptions.

CATEGORY – Clinical

2. That conference, in respect of fitness to work certification;
 - i. Demands an extension in the period of self-certification to at least 14 days within 12 months of this conference.
 - ii. Demands a change in legislation to allow allied health professionals and nurse practitioners to complete 'fit notes' for patients within 12 months of this conference.
 - iii. Insists that the workload associated with issuing Med3 certificates should be removed from GPs completely by April 2018.

CATEGORY – Contracts and regulation.

3. That conference demands that each of the GPC negotiating teams, in respect of negotiations over funding;
 - (i) refuse to agree to any funding streams that are recycled whereby the same pot of money buys new work.
 - (ii) object to the auditing of defunct QOF indicators and enhanced services.
 - (iii) insist that all new monies to support general practice should go straight into the global sum.

CATEGORY – Contracts and regulation.

4. That conference, in respect of post-graduate medical training;
 - (i) insists that all GP training schemes starting from August 2018 must be at least 4 years in length, with a minimum of 24 months spent in general practice.
 - (ii) insists that all Foundation Programmes starting from August 2018 must include a dedicated general practice placement.

CATEGORY – Education, Training and Workforce.

5. That conference, regarding medical indemnity for GPs;
 - (vi) welcomes the contribution towards rising costs recently negotiated in England.
 - (vii) believes that the contractual uplift to practices in England has been insufficient to cover the actual rise in indemnity costs.
 - (viii) believes that direct reimbursement of direct costs would be preferable to reimbursement via practices based on list size.

- (ix) insists on the negotiation of full reimbursement of all indemnity costs.
- (x) demands that any future reimbursement schemes are extended to include all 4 nations, and non-GMS general practice work.

CATEGORY – Contracts and Regulation.

- 6. That conference instructs the Remuneration Committee of the BMA to consult with the Sessional GP Subcommittee to agree a reimbursement policy for BMA work that is fair and equitable to locum GPs.

CATEGORY – GP trainees and Sessional GPs.

- 7. That conference mandates the Agenda Committee to ensure that future conferences are regularly held outside London in respect of;
 - (i) the 1 day UK Conference of LMCs.
 - (ii) the new English Conference of LMCs.

CATEGORY – GPC/GPDF/Conference

- 8. That conference, when considering integrated working such as the Sustainability and Transformation Plans in England;
 - (i) welcomes closer professional working between primary and secondary care teams.
 - (ii) believes that initial additional financial investment is essential.
 - (iii) insists that any targets or timescales applied must be clinically appropriate, not financially or politically driven.
 - (iv) demands meaningful engagement and consultation with professional representative groups such as LMCs and LNCs.

CATEGORY – Commissioning/Primary-secondary interface

- 9. That conference insists that the UK governments must put much greater resources into patient education and that they should;
 - (i) start from early school years.
 - (ii) encourage self management of minor illnesses and an understanding of the commoner red flag symptoms.
 - (iii) teach people how to access healthcare in an appropriate and timely manner.
 - (iv) give a realistic understanding of the expectations that people should have about the NHS within a finite resource system.

CATEGORY – GP Forward View/Urgent prescription for general practice

- 10. That conference embraces the wider use of digital consultation technology, but reminds the UK governments that its uptake will be instead of traditional appointments, not to provide additional GP capacity.

CATEGORY – GP Forward View/Urgent prescr